



# IDAHO

DEPARTMENT OF FINANCE

## 2007 ASSESSMENT FEE REPORT FOR IDAHO FINANCIAL INSTITUTIONS

INSTITUTION NAME \_\_\_\_\_

Person Completing Form \_\_\_\_\_

Telephone Number \_\_\_\_\_

**(1) OFFICE FEE:**

(a) Number banking offices, including the head office. \_\_\_\_\_  
(Do not include loan production, administrative or operations offices.)

(b) Office fee of \$100 per office. \$ 100

(c) **TOTAL OFFICE FEE** (Multiply line 1.a by 1.b). \$ \_\_\_\_\_

**(2) ASSET FEE:**

(a) TOTAL ASSETS (in thousands) December 31, 2006 Call Report. \$ \_\_\_\_\_

(b) Base Fee Due (per attached fee schedule). \$ \_\_\_\_\_

(c) Amount due in excess of base fee (per attached fee schedule). \$ \_\_\_\_\_

(d) **TOTAL ASSET FEE** (Add lines 2.b and 2.c). \$ \_\_\_\_\_

**(3) TOTAL ASSET AND OFFICE FEE** (Add lines 1.c and 2.d). \$ \_\_\_\_\_

**(4) FORTY PERCENT (40%) ASSESSMENT REDUCTION** (Multiply line 3 by .40). \$ \_\_\_\_\_

**(5) TOTAL ASSESSMENT FEE DUE FOR 2007** (Subtract line 4 from line 3). \$ \_\_\_\_\_

(Round to nearest dollar)

Please submit this completed form, including the name and telephone number of the person completing the form, along with your check payable to **STATE OF IDAHO, DEPARTMENT OF FINANCE**, to:

DEPARTMENT OF FINANCE P.O. BOX 83720 BOISE, IDAHO 83720-0031

*Please remit your payment within 30 days of receipt of this notice. Thank you.*